

PTO/SB/30 (10-01)

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RCE 1639
JW**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|---------------------|
| Application Number | 09/848,727 |
| Filing Date | 5/3/2001 |
| First Named Inventor | Vincent Jen-Jr. Gau |
| Art Unit | 1639 |
| Examiner Name | Tran, My Chau T |
| Attorney Docket Number | GF1100 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____
- i. ☐ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☒ Check in the amount of \$ 395.00 enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

| | | | |
|-------------------|-------------|-----------------------------------|----------|
| Name (Print/Type) | Travis Dadd | Registration No. (Attorney/Agent) | 42,471 |
| Signature | | Date | 12/14/04 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, MS RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

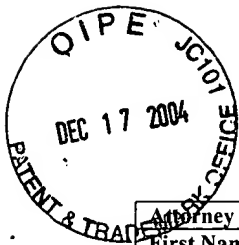
| | | | |
|-------------------|-------------|------|----------|
| Name (Print/Type) | Travis Dadd | Date | 12/14/04 |
| Signature | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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FEE TRANSMITTAL

| | |
|-----------------------|--------------------|
| Attorney Docket No. | GF1100 |
| First Named Inventor: | Vincent Jen-Jr Gau |
| Application Number | 09/848,727 |
| Filing Date: | May 3, 2001 |
| Examiner Name: | Tran, My Chau T |
| Group/Art Unit: | 1639 |

| | |
|--------------------------------------|--|
| TOTAL AMOUNT OF PAYMENT: | \$ 395.00 |
| METHOD OF PAYMENT (check One) | 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: Deposit Account Name: . |
| | <input type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 |
| | 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other |
| | |

2. UTILITY Basic Filing Fee & Claims

| (1) For | (2) No. filed | (3) No. extra | (4) Large Entity | (5) Small Entity | (6) Calculations |
|---|---------------|---------------|------------------|------------------|------------------|
| Basic Filing Fee | XX | XX | \$ 770.00 | \$385.00 | \$ 0.00 |
| Total Claims | 32 - 50 = | 0 | X \$ 18.00 | X \$ 9.00 | \$ 0.00 |
| Independent Claims | 1 - 6 = | 0 | X \$ 86.00 | X \$ 43.00 | \$ 0.00 |
| Multiple Dependent Claim(s) (if applicable) | | | \$ 280.00 | \$140.00 | \$ 000.00 |
| Total of above Calculations = | | | | | \$ 0.00 |

| Basic Filing Fee | Large Entity | Small Entity | Total |
|--------------------------------------|--------------|--------------|-----------------|
| Design filing fee | \$ 330.00 | \$ 165.00 | \$ 000.00 |
| Reissue filing fee | \$ 740.00 | \$ 370.00 | \$ 0.00 |
| Provisional filing fee | \$ 160.00 | \$ 80.00 | \$ 00.00 |
| Total of above Calculations = | | | \$ 00.00 |

3. ADDITIONAL FEES

| Fee Description | Large Entity | Small Entity | Other |
|-----------------|--------------|--------------|-----------|
| RCE | \$ | \$395 | \$395 |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL: | | | \$ |

| | | | |
|-------------------|----------------|---------------------------------------|----------|
| Name (print/type) | TRAVIS L. DODD | Registration No.: (Attorney/Agent) | 42,491 |
| Signature | | Date | 12/14/04 |